

Exhibit D

BRANCH/AGENCY A78 818 DETACH 1
INDUSTRY CA DETACH

Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

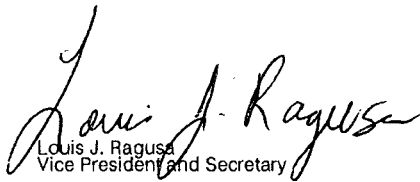
Metropolitan Life Insurance Company will pay the amount of insurance and provide the other benefits of this policy according to its provisions.

Insured **BANG C LIN**

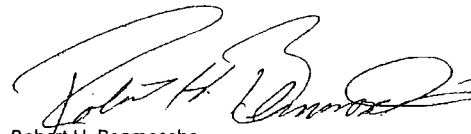
Face Amount
of Insurance \$500,000 AS OF JUNE 10, 1999

Policy Number 993 001 679 PR-R

Plan **Life Paid-up at Age 98**



Louis J. Ragusa
Vice President and Secretary



Robert H. Benmosche
Chairman of the Board,
President and Chief Executive Officer

Life 98 Policy

Life insurance payable when the insured dies.

Premiums payable for a stated period.

Annual dividends.

10-Day Right to Examine Policy--Please read this policy. You may return this policy to Metropolitan or to the sales representative through whom you bought it within 10 days from the date you receive it. If you return it within the 10-day period, the policy will be void from the beginning. We will refund any premium paid.

See Table of Contents and Company address on last page.

READ THIS POLICY CAREFULLY. This policy is a legal contract between the policy owner and Metropolitan Life Insurance Company.

POLICY SPECIFICATIONS

DATE OF POLICY JUNE 10 1999

INSURED'S AGE AND SEX 29 MALE

OWNER JEAN H LIN

BENEFICIARY JEAN HSU LIN
(SEE APPLICATION FOR CONTINGENT BENEFICIARY)

POLICY CLASSIFICATION NONSMOKER PREFERRED

INSURED

BANG C LIN

FACE AMOUNT
OF INSURANCE.. \$500,000 993 001 679 PR-R..POLICY NUMBER

PLAN LIFE PAID UP AT AGE 98
A78-1 818

WITH

DISABILITY WAIVER OF PREMIUMS BENEFIT
ACCIDENTAL DEATH BENEFIT
ACCELERATION OF DEATH BENEFIT RIDER
VARIABLE ADDITIONAL INSURANCE DIVIDEND OPTION-EFF. JUNE 10 1999

SEE THE FOLLOWING PAGE 3 (CONT'D) FOR THE PREMIUM SCHEDULE

POLICY NUMBER 993 001 679 PR-R INSURED BANG C LIN

PREMIUM SCHEDULE
PREMIUMS ARE DUE ON DATE OF POLICY AND EVERY
12 MONTH(S) AFTER THAT DATE

	PREMIUM AMOUNT	YEARS PAYABLE	CLASSI- FICATION
LIFE INSURANCE	\$4,375.00	69	NS/ PFD
DISABILITY WAIVER	108.94	36	
ACCIDENTAL DEATH	358.72	41	
 TOTAL PREMIUM OF	 \$4,842.66		

TABLE OF VALUES

APPLICABLE TO A POLICY WITHOUT PAID-UP ADDITIONS, DIVIDEND ACCUMULATIONS
OR POLICY LOAN

INSURED BANG C LIN

POLICY NUMBER 993 001 679 PR-R INSURED'S AGE AND SEX - 29 MALE

DATE OF POLICY JUNE 10 1999 PLAN - LIFE 98

FACE AMOUNT OF INSURANCE IS \$ 500,000

VALUE DATE	GUARANTEED CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS DAYS	
DEC. 10, 1999	\$ 0.00	\$ 0	00	060
JUNE 10, 2000	0.00	0	00	060
JUNE 10, 2001	500.00	3,500	00	146
JUNE 10, 2002	1,500.00	9,000	01	064
JUNE 10, 2003	5,500.00	31,500	04	088
JUNE 10, 2004	10,000.00	54,500	07	073
JUNE 10, 2005	14,500.00	76,000	09	175
JUNE 10, 2006	19,000.00	95,500	11	096
JUNE 10, 2007	24,000.00	115,500	12	333
JUNE 10, 2008	29,000.00	134,500	14	075
JUNE 10, 2009	34,500.00	153,500	15	137
JUNE 10, 2010	39,500.00	169,000	16	035
JUNE 10, 2011	45,000.00	185,500	16	283
JUNE 10, 2012	51,000.00	202,000	17	155
JUNE 10, 2013	57,000.00	217,500	17	331
JUNE 10, 2014	63,000.00	231,500	18	088
JUNE 10, 2015	69,000.00	244,000	18	163
JUNE 10, 2016	75,500.00	257,500	18	234
JUNE 10, 2017	82,000.00	269,500	18	265
JUNE 10, 2018	89,000.00	282,000	18	296
JUNE 10, 2019	96,000.00	293,500	18	293
AT AGE 60 *	183,500.00	388,000	16	169
AT AGE 65 *	228,000.00	416,500	14	230

ON REQUEST, WE WILL PROVIDE VALUES FOR DATES NOT SHOWN.

GUARANTEED INTEREST RATE - 5% A YEAR

MORTALITY TABLES - COMMISSIONERS 1980 STANDARD ORDINARY MORTALITY TABLE
SEX DISTINCT (COMMISSIONERS 1980 EXTENDED TERM TABLE - SEX DISTINCT -
FOR CALCULATIONS OF EXTENDED TERM INSURANCE).

* VALUE DATE IS JUNE 10, FOLLOWING INDICATED AGE

FOR PAID-UP ADDITIONAL INSURANCE PURCHASED BY DIVIDENDS, THE NET SINGLE
PREMIUMS ARE CALCULATED USING A GUARANTEED INTEREST RATE OF 4%.

8-90(95)

"You" and "your" refer to the owner of this policy.

"We," "us" and "our" refer to Metropolitan Life Insurance Company.

The "insured" named on page 3 is the person at whose death the insurance proceeds will be payable.

The "Face Amount of Insurance" is shown on page 3.

Policy years and months are measured from the date of policy. For example, if the date of policy is May 5, 1990, the first policy year ends May 4, 1991.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, our payment of the insurance proceeds (see page 5) depends upon the payment of premiums (see page 7). Otherwise, the provisions for non-payment of premiums will apply (see page 7).

To exercise your rights, you should follow the procedures stated in this policy. If you want to request a payment, change a beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your sales representative or your local Metropolitan office.

Payment When Insured Dies

When the insured dies, an amount of money, called the insurance proceeds, will be payable to the beneficiary. The insurance proceeds are the total of:

- * The Face Amount of Insurance.

PLUS

- * Any insurance on the insured's life which may be provided by riders to this policy.
- * Any insurance bought with dividends.
- * Any dividends left with us to earn interest.
- * Any dividend which we may credit at death.
- * Any part of a premium paid for coverage beyond the policy month in which the insured dies.

MINUS

- * Any premium due (not more than one month's part of the premium).
- * Any policy loan and loan interest.

We will pay the insurance proceeds to the beneficiary after receipt of proof of death and a proper written claim.

Payments During Insured's Lifetime

Dividends

Every year we determine an amount to be paid to our policyholders as dividends. We will determine the share, if any, for this policy and credit it as a dividend at the end of the policy year. We do not expect that any dividend on this policy will be paid until at least 2 years from its date.

You may choose to use dividends in any one of these ways:

1. **Paid-Up Additions--** To buy more insurance on the insured's life.
2. **Dividend Accumulations--** To be left with us to earn interest at the rate we set from time to time.
3. **Premium Payment--** To be applied toward the payment of premiums. Any excess will be used to buy Paid-Up Additions.
4. **Cash--** To be paid to you by check.

Your choice may be made on the application for your policy or in writing at a later date. If no choice has been made, we will provide paid-up additions unless you make a different choice within 3 months after a dividend is credited. If a dividend check has not been cashed within one year, a choice of paid-up additions will be deemed to have been made.

Payments During Insured's Lifetime (Continued)

Cash Value

Your policy has a cash value while the insured is alive. The cash value is the total of:

- * The guaranteed cash value, as defined below.

PLUS

- * The cash value of any insurance bought with dividends.
- * Any dividends left with us to earn interest.
- * Any part of a premium paid for coverage beyond the policy month in which you surrender this policy.

MINUS

- * Any policy loan and loan interest.

There are several ways you can use all or part of the cash value:

1. Take a policy loan from us.
2. Take the cash value of any insurance bought with dividends.
3. Take any dividends left with us to earn interest.
4. Surrender the policy to us for its full cash value.

Or, if you stop paying premiums, the cash value may be used to continue insurance for a limited time or for the insured's lifetime at a reduced amount.

Guaranteed Cash Value

If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4.

The guaranteed cash value of any paid-up insurance or any extended term insurance is as described under "Computation of Values" on page 8.

Policy Loan

You can get cash from us by taking a policy loan. If there is an existing loan you can increase it. The most you can borrow is the cash value at the end of the current policy year less any unpaid premiums for that year and loan interest to the end of that year. A loan may not be taken if extended term insurance is in effect (see page 7).

Loan interest is charged daily at the rate we set from time to time. This rate will never be more than the maximum allowed by law and will not change more often than once a year on the anniversary of the date of policy.

The rate of interest we set for a policy year may not be more than the higher of:

- (a) The Published Monthly Average for the calendar month ending 2 months before the start of the policy year; or
- (b) The rate we use to compute the guaranteed cash value of this policy for the policy year, plus 1%.

The Published Monthly Average means:

- (a) Moody's Corporate Bond Yield Average—Monthly Average Corporates, as published by Moody's Investors Service, Inc. or any successor to that service; or
- (b) If that average is no longer published, a substantially similar average, established by regulation issued by the insurance supervisory official of the state in which this policy is delivered.

If the maximum limit for a policy year is at least 1/2% higher than the rate set for the prior policy year, we may increase the rate to no more than that limit. If the maximum limit for a policy year is at least 1/2% lower than the rate set for the prior policy year, we will reduce the rate to at least that limit.

When a loan is made, we will inform you of the initial rate applicable to that loan. We will mail you advance notice if there is to be an increase in the rate applicable to an existing loan.

Loan interest is due at the end of each policy year. Interest not paid within 31 days after it is due will be added to the loan principal. It will be added as of the due date and will bear interest at the same rate as the rest of the loan principal.

Loan Repayment

You may repay all or part (but not less than \$50) of a policy loan at any time while the insured is alive.

Payments During Insured's Lifetime (Continued)

Policy Termination

Your policy will end whenever the amount of your policy loan plus loan interest is more than the sum of:

1. The guaranteed cash value;
2. The cash value of any insurance bought with dividends; and
3. Any dividends left with us to earn interest.

We will mail notice to you at least 31 days before termination. We will also mail notice to any assignee on our records. You can prevent termination by making sufficient repayment of the loan.

Deferment

We may delay paying the cash value for up to 6 months from the date we receive a request for payment. If we delay for 30 days or more, interest will be paid from the date we receive the request at the rate we set from time to time. We also may delay making a policy loan, except for a loan to pay a premium, for up to 6 months from the date you request the loan.

Premiums

Premium Payment

The benefits of your policy depend on the payment of premiums when due. Premiums are payable, while the insured is alive, on or before their due dates as shown in the premium schedule on page 3. Premiums may be paid at our Home Office or any other office we designate or to your sales representative. A receipt signed by our President or Secretary and countersigned by the sales representative will be given for a premium paid to the sales representative.

You may change the frequency of payment with our approval.

You may ask us to pay premiums with a combination of yearly dividends, the cash value of any paid-up additions and/or any dividend accumulations. As long as these values are great enough, out-of-pocket premiums need not be paid to keep your policy in force.

Grace Period

After the first premium is paid, there will be a grace period of 31 days after each premium due date to pay the premium. If the insured dies during a grace period, the insurance proceeds will still be payable.

Automatic Policy Loan

Each premium which remains unpaid at the end of a grace period will be paid with an automatic policy loan if:

1. You ask us to do so in the application for your policy or in writing while no premium is due and unpaid; and
2. Your policy has enough cash value to pay the premium.

Non-Payment of Premiums

If any premium due before the first date shown under "Value Date" in the Table of Values on page 4 is not paid by the end of its grace period, your policy will end as of the due date of that premium. If any premium due on or after that date is not paid by the end of its grace period, the insurance coverage will continue for a limited time as extended term insurance. However, after premiums have been paid at least until the date at which a guaranteed cash value is first shown in the Table of Values on page 4, you may choose either reduced paid-up insurance or cash instead of extended term insurance.

1. **Extended Term Insurance**-- The amount of the extended term insurance will be the total of:

- * The Face Amount of Insurance;
- PLUS
- * Any insurance bought with dividends.
- * Any dividends left with us to earn interest;
- MINUS
- * Any policy loan and loan interest.

Premiums (Continued)

The policy will no longer be eligible for dividends and the policy loan provisions will no longer apply. Benefits provided by any riders will end. At the end of the term, this policy will be void.

2. **Reduced Paid-Up Insurance--** You may choose to continue insurance for the lifetime of the insured but for a reduced amount. This choice may be made at any time within 3 months after the due date of the first unpaid premium.

The policy will continue to be eligible for dividends and the policy loan provisions will continue to apply. Benefits provided by any riders will end.

3. **Cash--** Instead of continuing insurance coverage, you may surrender your policy for its cash value.

Computation of Values

The Table of Values on page 4 shows the guaranteed cash values, the amounts of reduced paid-up insurance and the periods of extended term insurance that we would provide. This table does not take into account any insurance bought with dividends, dividends left with us to earn interest, or policy loan and loan interest. Values not shown in the table are computed by the same method as that used for the values shown. The method of computation will be furnished on request.

A period of extended term insurance is measured from the due date of the first unpaid premium. We compute the length of extended term insurance or the amount of reduced paid-up insurance by applying the cash value as a net single premium as of the due date of the first unpaid premium. The insured's age for this purpose is the age on the date of the policy plus the number of years and full months from that date to the due date of the first unpaid premium. Any loans or cash paid to you during the grace period will not be included in the cash value applied.

At any time, the guaranteed cash value of any paid-up insurance or any extended term insurance is equal to the net single premium for such insurance at the insured's then attained age. The guaranteed cash value will not decrease during the first 3 months after the due date of the first unpaid premium. Also, the guaranteed cash value will not decrease for the first 31 days after the end of a policy year.

Guaranteed cash values, insurance benefits and net single premiums are computed on the basis of immediate payment of death claims and refund of premiums beyond the end of the month in which the insured dies. The guaranteed interest rate and mortality tables used are shown on page 4.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.

Reinstatement

If you have stopped paying premiums but have not surrendered your policy for its cash value, you may reinstate the policy while the insured is alive if you:

1. Request reinstatement within 3 years of the due date of the first unpaid premium;
2. Provide evidence of insurability satisfactory to us;
3. Pay all overdue premiums to the date of reinstatement with compound interest at the rate of 6% a year; and
4. Repay any policy loan (plus interest) in effect on the due date of the first unpaid premium, plus any policy loan taken after that. Compound interest to the date of reinstatement will be charged on any unpaid loan at the applicable policy loan interest rate, as would have been charged if all due premiums had been paid.

Any cash value that your policy would have after reinstatement may be taken as a policy loan and used toward the payment required to make reinstatement.

After 3 years from the due date of the first unpaid premium, the policy may be reinstated subject to the conditions we set.

Ownership and Beneficiary

Owner	As owner, you may exercise all rights under your policy while the insured is alive. You may name a contingent owner who would become the owner if you should die before the insured.
Change of Ownership	You may name a new owner at any time. If a new owner is named, any earlier choice of a contingent owner, beneficiary, contingent beneficiary or optional income plan will be canceled, unless you specify otherwise.
Beneficiary	<p>The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when the insured dies, the owner (or the owner's estate) will be the beneficiary. While the insured is alive, the owner may change any beneficiary or contingent beneficiary.</p> <p>If more than one beneficiary is alive when the insured dies, we will pay them in equal shares, unless you have chosen otherwise.</p>
How to Change the Owner or the Beneficiary	You may change the owner, contingent owner, beneficiary or contingent beneficiary of this policy by written notice or assignment of the policy. No change is binding on us until it is recorded at our Home or a Head Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this policy to make the change.
Collateral Assignment	Your policy may be assigned as collateral. All rights under the policy will be transferred to the extent of the assignee's interest. We are not bound by any assignment unless it is in writing and is recorded at our Home or Head Office. We are not responsible for the validity of any assignment.

General Provisions

The Contract	This policy includes any riders and, with the application attached when the policy is issued, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
Limitation on Sales Representative's Authority	No sales representative or other person except our President, Secretary, or a Vice-President may (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change must be in writing and signed by our President, Secretary, or a Vice-President.
Incontestability	We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy, except for nonpayment of premiums.
Interest Rate	Where this policy provides that interest on payments we make will be at a rate we set, that rate will never be less than 3% a year.
Age and Sex	If the insured's age or sex on the date of policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those which the premium paid would have bought at the correct age and sex.

Exclusion

Suicide	The insurance proceeds will not be paid if the insured commits suicide, while sane or insane, within 2 years from the date of policy. Instead, we will pay the beneficiary an amount equal to all premiums paid, without interest, less any loan and loan interest.
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Methods of Payment

Unless otherwise requested, we may pay the insurance proceeds when the insured dies, or the cash value on surrender of the policy in one sum or by placing the amount in an account that earns interest. The payee will have immediate access to all or any part of the account.

If requested, we will apply the amount under one or more of the following payment plans.

- Option 1.** *Interest Income*-- The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by written request.
- Option 2.** *Instalment Income for a Stated Period*-- Monthly instalment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years).
- Option 2A.** *Instalment Income of a Stated Amount*-- Monthly instalment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.
- Option 3.** *Single Life Income--Guaranteed Payment Period*-- Monthly payments will be made during the lifetime of the payee with a chosen guaranteed payment period of 10, 15 or 20 years.
- Option 3A.** *Single Life Income--Guaranteed Return*-- Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit.
- Option 4.** *Joint and Survivor Life Income*-- Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. A total payment period of 10 years is guaranteed.

Other Frequencies and Plans Instead of monthly payments, you may choose to have payments made quarterly, semiannually or annually. Other payment plans may be arranged with us.

Choice of Payment Plans A choice of payment plan for insurance proceeds made by you in writing and recorded by us while the insured is alive will take effect when the insured dies. All other choices of payment plans will take effect when recorded by us or later, if requested. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this policy. We may also require proof of the payee's age.

Payment plans may be chosen:

1. By you during the lifetime of the insured.
2. By the beneficiary within one year after the date the insured died and before any payment has been made, if no choice was in effect on the date of death.

A choice of payment plan will not take effect unless each payment under the plan would be at least \$50.

Limitations If the payee is not a natural person, the choice of a plan will be subject to our approval. An assignment for a loan will modify a prior choice of payment plan. The amount due the assignee will be payable in one sum and the balance will be applied under the payment plan.

Payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

Payment Plan Rates Amounts applied under the interest income and instalment payment plans will earn interest at a rate we set from time to time.

Life income plan payments will be based on a rate set by us and in effect on the date the insurance proceeds or cash value becomes payable.

Methods of Payment (Continued)

Minimum Payments under Payment Plans-- Monthly payments under Options 2, 3, 3A and 4 for each \$1,000 applied will not be less than the amounts shown in the following Tables.

Option 2. Instalment Income for a Stated Period Monthly Payments for each \$1,000 Applied					
Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18
To determine the minimum amount for quarterly payment, multiply the above monthly payment by 2.99; for semiannual by 5.96; and for annual by 11.84.					

Payee's Age	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied						Option 3A. Single Life Income-- Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied	
	Guaranteed Payment Period							
	10 years		15 years		20 years			
	Male	Female	Male	Female	Male	Female	Male	Female
50	\$4.29	\$3.94	\$4.23	\$3.91	\$4.15	\$3.86	\$4.11	\$3.82
55	4.72	4.29	4.62	4.23	4.47	4.15	4.47	4.11
60	5.29	4.73	5.09	4.62	4.79	4.47	4.92	4.47
65	6.02	5.29	5.60	5.09	5.09	4.81	5.48	4.93
70	6.86	6.02	6.08	5.63	5.31	5.13	6.18	5.53
75	7.71	6.92	6.46	6.16	5.44	5.36	7.05	6.32
80	8.48	7.89	6.70	6.55	5.49	5.47	8.15	7.36
85 and over	9.07	8.74	6.82	6.77	5.51	5.50	9.54	8.70

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years Minimum Amount of Each Monthly Payment for each \$1,000 Applied			
Age of Both Payees	One Male and One Female	Two Males	Two Females
50	\$3.64	\$3.79	\$3.54
55	3.93	4.11	3.80
60	4.30	4.55	4.13
65	4.80	5.13	4.57
70	5.47	5.90	5.17
75	6.33	6.80	6.00

On request, we will provide additional information about amounts of minimum payments.

Metropolitan Life Insurance Company

Rider: Disability Waiver Of Premiums Benefit

This rider is a part of the policy if a premium for it is shown on page 3.

As used in this rider, "premiums" include all premiums under this policy except: (a) any premium under an Option for Paid-Up Additional Insurance rider; and (b) any premium in excess of the Minimum Premium due under a Flexible Additional Insurance Benefit.

This rider provides that, if the insured becomes totally disabled for a continuous period of at least 6 months, we will waive the following premiums:

Disability Starting Before Age 60

- * If disability starts prior to the policy anniversary on which the insured is age 60, we will waive any premiums that are due while the insured remains totally disabled. If this total disability continues without interruption until the policy anniversary on which the insured is age 65, such disability will be deemed to continue after that time and any further premiums will be waived as they fall due.

Disability Starting Between Ages 60 and 65

- * If disability starts on or after the policy anniversary on which the insured is age 60, but before the policy anniversary on which the insured is age 65, we will waive any premiums that are due while the insured remains totally disabled until the later of: (a) the policy anniversary on which the insured is age 65; and (b) the third policy anniversary after disability starts. You must pay all premiums that are due after that, as provided in this policy.

You must pay all premiums due until we approve your claim. When we approve it, we will refund any premiums paid which were due during the period of total disability.

Date of Rider

The effective date of this rider is the date of policy shown on page 3.

Definition of Total Disability

Total disability means an incapacity which:

1. Is caused by bodily injury or disease;
- and
2. Prevents the insured from doing the substantial and material acts of any work for income or profit. During the first 24 months of total disability, work means the regular occupation of the insured at the time disability began. After that time, it means any occupation for which the insured is or becomes reasonably qualified. If the insured is a student at the time total disability starts, going to school is the insured's regular occupation.

Total and permanent loss of the sight of both eyes or the loss by severance of both hands or both feet, or one hand and one foot, will be considered total disability.

Risks Not Covered

This rider will not cover a disability which:

1. Began before the date of this rider;
2. Began before the insured's 5th birthday;
- or
3. Occurred, while the insured was in any armed forces, as a result of any war or warlike action in time of peace.

Rider: Disability Waiver Of Premiums Benefit (Continued)

Proof of Disability Written notice and proof that total disability has existed continuously for 6 months must be given to us while the insured is alive and totally disabled. As part of such proof, we may require, at our expense, medical examinations of the insured by physicians we name.

We may also require proof of continued total disability at reasonable intervals. This may include, at our expense, medical examinations of the insured by physicians we name. After 2 years of total disability, proof will not be required more than once a year.

If notice or proof is late, we will accept it if it is given to us as soon as is reasonably possible. If notice or proof is not given to us as soon as is reasonably possible, we will not pay any premium that was due more than one year before the date that written notice or proof of disability is received by us.

When the insured is no longer totally disabled or if proof of total disability is not given when required, you must pay all premiums after that time as they fall due.

Effect of Waiver of Premiums We will use the frequency of premium payment in effect when total disability starts to determine which premiums we will waive. No premium waived under this rider will reduce any of the benefits of this policy.

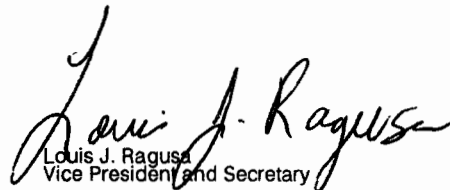
We will also use the frequency of premium payment in effect when total disability starts to determine the Minimum Premium that we will waive under a Flexible Additional Insurance Benefit in this policy. Also, while the insured is totally disabled, the Benefit's current Specified Amount in force at the time disability began will not decrease. However, your dividends, except dividends credited to an Option for Paid-Up Additional Insurance rider, must have always been and must continue to be applied under the Flexible Additional Insurance Benefit.

Our waiver of the Minimum Premium during a period of total disability will not guarantee that your benefit will become fully funded. You may need to make additional payments in the future to fund fully the Flexible Additional Insurance Benefit.

Incontestability We will not contest the validity of this rider unless total disability of the insured starts within 2 years from the date of the rider.

Termination This rider will end on the earlier of: (a) the end of the grace period of the first unpaid premium of this rider or this policy and; (b) the policy anniversary on which the insured is age 65. If this rider ends on the policy anniversary at age 65, it will have no effect on your claim if the insured is then totally disabled.

You may end this rider on the date any premium is due. To do so, send us a written request and this policy. We will make the change and return the policy.


Louis J. Ragusa
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Variable Additional Insurance Bought With Dividends

This rider is a part of the policy to which it is attached.

This rider provides an additional dividend option. While this option is in effect, we will use the annual dividends credited to your policy to buy variable life insurance.

Definitions

The "Date of Rider" is shown on page 3. It is the effective date of this rider.

"Dividends" mean all dividends credited under your policy. They include any dividends from any optional benefit rider in your policy, as well as any dividend amounts transferred or converted from other dividend options.

The "Investment Start Date" is the date the first dividend under this option is applied to the Separate Account.

A "Valuation Date" is each day on which there is enough trading in a portfolio's securities that the current value of its shares could change materially. In general, Valuation Dates will be days when the New York Stock Exchange is open for trading. We reserve the right, on 30 days notice, to change the basis for such Valuation Date, as long as the basis is not inconsistent with applicable laws.

A "Valuation Period" is the period between two successive Valuation Dates starting at 4:00 P.M., New York City time, on each Valuation Date and ending at 4:00 P.M., New York City time, on the next succeeding Valuation Date. We reserve the right, on 30 days notice, to change the basis for such Valuation Period as long as the basis is not inconsistent with applicable law.

The "Separate Account" is the Metropolitan Life Separate Account UL, the account to which we will apply your dividends.

The "Investment Division" in the Separate Account is the METLIFE STOCK INDEX PORTFOLIO. The investment objective of this portfolio is to equal the performance of the Standard & Poor's 500 Composite Stock Price Index (adjusted to assume the reinvestment of dividends) by investing in the common stock of companies that are included in the index.

The "Cash Value" is the value of your funds in the Separate Account. The cash value is based on the dividends applied to the Separate Account. The cash value reflects the investment experience of the Separate Account and may increase or decrease daily. It is not guaranteed.

The "Conditional Guaranteed Death Benefit" is the amount of death benefit needed at a given point in time to maintain this benefit as life insurance under the Internal Revenue Code. Any transfer of insurance under this option will reduce or eliminate the Conditional Guaranteed Death Benefit. This guarantee will also end if you change to another dividend option.

(Continued on next page)

Rider: Variable Additional Insurance Bought With Dividends (Continued)

"Net Single Premiums" are used to calculate the amount of variable additional insurance under this benefit. A table showing the net single premiums for each policy anniversary is attached to this rider.

A "Cost of Insurance Charge" is deducted each month from the cash value of your account. We may change these charges, but they will never be more than the guaranteed monthly percentages shown in the table at the end of this rider.

The "Separate Account Charge" is .75 % a year if your policy has a face amount of less than \$250,000. This is equal to a monthly charge of .062286%. If your policy's face amount is \$250,000 or more, your charge is .50% a year. This is equal to a monthly charge of .041571%. The Separate Account Charge covers our administrative costs and the mortality and expense risks that we assume. It is deducted each month from the cash value.

The "net cash value" is the cash value of your variable additional insurance minus the monthly cost of insurance and separate account charges.

Variable Additional Insurance Death Benefit- We will use your dividends to buy variable insurance that will be included in the insurance proceeds payable on the death of the insured. The amount of insurance is subject to change on each Valuation Date. We determine the amount of the death benefit on the date of death of the Insured as follows:

1. On the Investment Start Date, we take the sum of all dividend amounts and then divide by the applicable Net Single Premium at the insured's attained age to provide the variable additional insurance death benefit.
2. For each day in the Valuation Period until another dividend amount is credited, transferred, or converted, the variable insurance death benefit is the net cash value divided by the Net Single Premium for that day. If the Conditional Guaranteed Death Benefit is larger, we will pay that amount instead.
3. On a policy anniversary, we take all the dividends credited on that anniversary and add them to the net cash value of the variable additional insurance determined on the last Valuation Date of the last policy year and then divide that sum by the Net Single Premium for the insured's attained age. This is the total variable additional insurance death benefit for the first day of the new policy year.

Cash Value- The cash value of the variable additional insurance under this rider is determined as follows:

1. On the Investment Start Date, the cash value is equal to the sum of any dividends credited.
2. For each day in the Valuation Period until another dividend amount is credited, transferred, or converted, the cash value is equal to the value of the Investment Division of the Separate Account.
3. On a policy anniversary, the cash value is equal to the net cash value on the last Valuation Date of the previous year and all dividends credited on that anniversary.

(Continued on next page)

Rider: Variable Additional Insurance Bought With Dividends (Continued)

Separate Account

Separate Account UL is an investment account set up and kept by us, apart from our general account or other separate investment accounts. It is used for variable additional insurance and for other policies and contracts as permitted by law.

We own the assets of the Separate Account. Assets equal to our reserves and other liabilities of the Separate Account will not be charged with the liabilities that arise from any other business that we conduct. We may from time to time transfer to our general account assets in excess of such reserves and liabilities.

Income and realized and unrealized gains or losses from the assets of the Separate Account are credited to or charged against the Separate Account without regard to our other income, gains or losses.

The Separate Account will be valued at the end of each Valuation Period.

Right to Make Changes- We reserve the right to make certain changes if, in our judgment, they would best serve the interests of the owners of benefits such as this one, or would be appropriate in carrying out the purposes of such benefits. Any changes will be made only to the extent and in the manner permitted by applicable laws. Also, when required by law, we will obtain your approval of the changes and the approval of any appropriate regulatory authority.

Some examples of the changes we may make include:

- * To operate the Separate Account in any form permitted under the Investment Company Act of 1940, or in any other form permitted by law.
- * To take any action necessary to comply with or obtain any exemptions from the Investment Company Act of 1940.
- * To transfer any assets in the Investment Division to one or more separate accounts, or to our general account, or to add Investment Divisions to the Separate Account.
- * To substitute, for the investment company shares held in the Investment Division, the shares of another class of the investment company or the shares of another investment company or any other investment permitted by law.
- * To change the way we assess charges, but without increasing the aggregate charged to the Separate Account.
- * To make any other necessary technical changes in this benefit in order to conform with any action this provision permits us to take.

(Continued on next page)

Rider: Variable Additional Insurance Bought With Dividends (Continued)

If any of these changes result in a material change in the underlying investments of the Separate Account, we will notify you of such change.

Transfers- You may transfer existing paid-up insurance under the paid-up additions dividend option described in your policy to this rider. You may also transfer the variable paid-up insurance under this rider to the paid-additions option in your policy. For both types of transfers, you must request the transfer in writing. We will take the cash value of the existing paid-up insurance, determined on the date of your request, add it to the cash value of the paid-up insurance to which you have asked it to be transferred and will apply the total cash value as a net single premium, based on the insured's sex and attained age, to buy additional insurance under that option. No transfer will take effect before the Investment Start Date.

Withdrawals -You may withdraw all or part of the cash value of this option at any time. To do so, you must send us a written request. A withdrawal will reduce the amount of variable additional insurance payable as of the date of withdrawal. The reduced amount of insurance will be the amount of additional insurance that the remaining net cash value, if any, will buy at the net single premium for the Insured's sex and attained age on the date of withdrawal. When we receive your request, we will transfer the amount requested to the paid-up additions dividend option described in your policy and then pay you the cash value.

Deferment - We reserve the right to defer the calculation and payment of the variable additional insurance benefit under certain circumstances. Generally, it will not be practical for us to determine the value of the Investment Division of the Separate Account during any period when the New York Stock Exchange is closed for trading (except for customary weekend and holiday closings) or when the Securities and Exchange Commission restricts trading or determines an emergency exists. In these cases, we reserve the right to defer: (a) the determination, application, or payment of a cash withdrawal; (b) the transfer of a cash value amount; and (c) the payment of the variable additional insurance as part of the policy's insurance proceeds.

Premium Payment Arrangement - Once the cash value of your variable additional insurance is large enough to pay 3 annual premiums under your policy, you may ask us in writing to transfer cash value amounts from this option to the paid-up additions option in your policy to pay future annual premiums as they are due. The Premium Payment Arrangement will continue as long as the cash value of the variable additional insurance is sufficient to pay the total annual premium under your policy. You may ask us to cancel this arrangement at any time.

Change of Option - You may change dividend options at any time. To do so you must write to us and request the change. A request for a change to the Variable Additional Insurance option from another option must be made at least 60 days before a policy anniversary.

Reinstatement - If your policy is in force but dividends can no longer be used to buy variable additional insurance under this rider, you may write to us and ask us to reinstate your rider.

(Continued on next page)

Rider: Variable Additional Insurance Bought With Dividends (Continued)

If your policy has ended because premiums due were not paid before the end of the grace period, your rider will be reinstated when you reinstate your policy.

Age and Sex- If the insured's age or sex on the Date of Rider is not correct as shown on page 3 of the policy, we will recalculate the amount of variable additional insurance by using the Cost of Insurance Charges and the Net Single Premiums applicable to the insured's correct age and sex.

Incontestability and Suicide -The Incontestability and Suicide provisions of the policy will also apply to this rider but will be measured from the Date of Rider.

Annual Reports- Each year we will send you a report showing the current amount of variable additional insurance and cash value. The report will also show the amount and type of credits to and deductions from the cash value during the past year. It will also include any other information required by state laws and regulations.

Termination- Your dividends will continue to buy variable additional insurance under this rider until the earliest of the following dates:

1. At the end of the grace period of the first unpaid premium.
2. On the date we receive your written request to end this rider.
3. On the date you change the plan of insurance of this policy.

We will transfer any remaining variable additional insurance to the paid-up additions dividend option described in your policy.

Endorsement

When this rider is part of the policy, any dividends credited to an Option for Paid-Up Additional Insurance rider will be applied to buy variable additional insurance in the same way as any other dividend amounts under this policy.

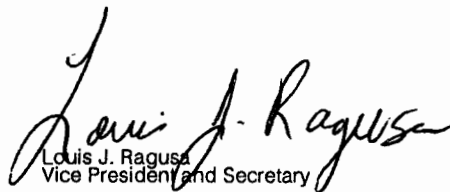

Louis J. Ragusa
Vice President and Secretary

Table of Net Single Premiums

AGE ON POLICY ANNIVERSARY	MALE	FEMALE	AGE ON POLICY ANNIVERSARY	MALE	FEMALE
2	.09034	.07490	51	.42268	.36232
3	.09303	.07714	52	.43512	.37326
4	.09586	.07949	53	.44776	.38443
5	.09884	.08195	54	.46057	.39582
6	.10198	.08453	55	.47352	.40746
7	.10530	.08723	56	.48662	.41936
8	.10880	.09006	57	.49986	.43154
9	.11248	.09301	58	.51325	.44405
10	.11631	.09609	59	.52678	.45692
11	.12028	.09931	60	.54046	.47014
12	.12437	.10264	61	.55426	.48369
13	.12853	.10608	62	.56814	.49753
14	.13272	.10962	63	.58205	.51159
15	.13693	.11326	64	.59597	.52581
16	.14116	.11701	65	.60986	.54017
17	.14542	.12086	66	.62371	.55466
18	.14974	.12484	67	.63752	.56932
19	.15415	.12894	68	.65130	.58420
20	.15870	.13318	69	.66506	.59933
21	.16342	.13758	70	.67876	.61470
22	.16834	.14213	71	.69236	.63026
23	.17348	.14686	72	.70579	.64592
24	.17887	.15176	73	.71895	.66156
25	.18452	.15684	74	.73177	.67706
26	.19045	.16211	75	.74419	.69233
27	.19665	.16757	76	.75623	.70735
28	.20312	.17322	77	.76791	.72211
29	.20987	.17907	78	.77929	.73664
30	.21688	.18513	79	.79043	.75096
31	.22417	.19140	80	.80134	.76505
32	.23171	.19789	81	.81199	.77887
33	.23952	.20461	82	.82233	.79231
34	.24760	.21155	83	.83226	.80528
35	.25594	.21872	84	.84170	.81770
36	.26453	.22612	85	.85064	.82954
37	.27338	.23374	86	.85911	.84083
38	.28248	.24156	87	.86718	.85161
39	.29183	.24958	88	.87496	.86196
40	.30142	.25780	89	.88256	.87198
41	.31125	.26620	90	.89014	.88179
42	.32131	.27480	91	.89787	.89155
43	.33160	.28360	92	.90599	.90143
44	.34214	.29262	93	.91475	.91165
45	.35291	.30185	94	.92441	.92247
46	.36392	.31132	95	.93512	.93402
47	.37518	.32103	96	.94681	.94629
48	.38668	.33099	97	.95910	.95890
49	.39844	.34118	98	.97112	.97100
50	.41044	.35163	99	.98054	.98066
			100	1.00000	1.00000

THE NET SINGLE PREMIUM ON A DATE DURING A POLICY YEAR IS DETERMINED BY INTERPOLATION BETWEEN THE VALUES FOR THE ANNIVERSARIES IMMEDIATELY FOLLOWING THAT DATE.

Attained Age	Guaranteed Maximum Monthly Percentage	Attained Age	Guaranteed Maximum Monthly Percentage
2	.082954	51	.086256
3	.078824	52	.089558
4	.073039	53	.093682
5	.066423	54	.096981
6	.060631	55	.101103
7	.054834	56	.104398
8	.050692	57	.107693
9	.048205	58	.110987
10	.047376	59	.115102
11	.049034	60	.118393
12	.054006	61	.122505
13	.060631	62	.126615
14	.067251	63	.131544
15	.074692	64	.136471
16	.080476	65	.140575
17	.083780	66	.145497
18	.085431	67	.149596
19	.085431	68	.153694
20	.083780	69	.156971
21	.080476	70	.161884
22	.077172	71	.166795
23	.073039	72	.172520
24	.068905	73	.178242
25	.063941	74	.184777
26	.060631	75	.190491
27	.058147	76	.196202
28	.055663	77	.200279
29	.054006	78	.203539
30	.052349	79	.206798
31	.051520	80	.210056
32	.051520	81	.214127
33	.051520	82	.217382
34	.051520	83	.222263
35	.052349	84	.226328
36	.054006	85	.229579
37	.054834	86	.232016
38	.056491	87	.233641
39	.058147	88	.234453
40	.060631	89	.233641
41	.063114	90	.232016
42	.064769	91	.228766
43	.067251	92	.223076
44	.069732	93	.216568
45	.072213	94	.208427
46	.073866	95	.201094
47	.076345	96	.195387
48	.078824	97	.190491
49	.081302	98	.183144
50	.083780	99	.163521

Monthly cost of insurance charges are assessed as a percentage of the beginning of month fund value. Monthly cost of insurance charges will never be less than \$0.01.

Metropolitan Life Insurance Company

Rider: Accidental Death Benefit

This rider is part of the policy if it is referred to on page 3.

This rider provides additional insurance if the insured dies from an accident.

If we receive proof that the insured died, directly and independently of all other causes, as the result of an accident, we will pay under this rider:

1. An amount equal to the Face Amount of Insurance;
or
2. An amount equal to twice the amount stated in item 1 above if we receive proof that the accident occurred while the insured was a fare-paying passenger in a licensed public conveyance being operated by a common carrier for passenger service.

Risks Not Covered-- No payment will be made if the death:

1. Occurs before the insured's first birthday;
2. Occurs more than 90 days after the accident;
3. Is caused or contributed to, directly or indirectly, by physical or mental illness or treatment for the illness;
4. Is caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained;

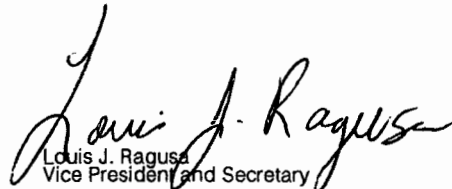
5. Is caused or contributed to, directly or indirectly, by the use of any drug, unless used on the advice of a licensed medical practitioner;
6. Is an act of self-destruction;
7. Results from committing or attempting to commit an assault or felony;
8. Results from travel in an aircraft, or descent from the aircraft while in flight, if the insured:
 - (a) Acted in any capacity other than as a passenger; or
 - (b) Was on a non-military flight for the purpose of descent from the aircraft while in flight;

or

9. Results, directly or indirectly, from any war, or war-like action in time of peace.

Termination-- This rider will end on the earlier of: (a) the end of the grace period of the first unpaid premium or (b) the policy anniversary on which the insured is age 70.

You may end this rider on the date any premium is due by sending us a written request and the policy. We will make the change and return the policy.


Louis J. Ragusa
Vice President and Secretary

Metropolitan Life Insurance Company**Rider: Acceleration of Death Benefits**

This rider is a part of the policy as of the issue date of the policy.

This rider provides for payment of an Accelerated Death Benefit during the lifetime of the insured, if the insured is terminally ill. Rider benefits may be used for any purpose whatsoever.

IMPORTANT: THE BENEFIT PAYMENTS UNDER THIS RIDER MAY BE TAXABLE OR MAY AFFECT ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW. YOU SHOULD CONSULT YOUR TAX ADVISER TO DETERMINE THE EFFECT ON YOU.

Definitions

The "**insured**" is the person at whose death the Policy Benefit would be payable. The "**insured**" does not include any person who has life insurance coverage only under a rider to the policy, or any person who has coverage because of his or her relationship to the insured.

"**Policy Benefit**" is the amount we would pay to the insured's beneficiaries in the absence of this rider, on the death of the insured.

"**Accelerated Death Benefit**" is the amount we will pay under this rider if we receive proof that the insured is terminally ill. We will compute this amount based on the amount of the Policy Benefit applied under this rider, using an interest factor based on the insured's reduced life expectancy.

If we pay an Accelerated Death Benefit, the Policy Benefit may be adjusted by the following if they apply: any expected future premiums; any expected future dividends at the then current dividend scale; any excess interest credited on contract values; the rate of any current contract charges; an administrative fee of up to \$150.

"**You**" refers to the owner of this policy.

"**We**," "**us**," and "**our**" refer to Metropolitan Life Insurance Company.

"**Terminally ill**" means having a life expectancy of 12 months or less.

Assumptions

The interest and mortality assumptions we use may change from time to time. However, the interest rate we use will never be more than the rate charged on policy loans for policies then being issued. The rider proceeds will never be less than the cash value of the policy multiplied by the percentage of the Policy Benefit you choose to accelerate.

Amount of Accelerated Death Benefit

You must apply all of the Policy Benefit to your Accelerated Death Benefit, if the face amount of your policy is \$50,000 or less. You cannot apply more than the greater of (1) \$250,000, or (2) 10% of the Policy Benefit under this and all other similar riders issued by Metropolitan Life Insurance Company or one of our affiliates.

If you apply part of the Policy Benefit to an Accelerated Death Benefit under this rider: (1) you must apply at least \$20,000; and (2) the face amount of insurance remaining after this payment must be at least \$25,000. You may not ask for more than one Accelerated Death Benefit under the rider.

Effect of Benefit Acceleration on Policy Riders

If you apply all of the Policy Benefit to your Accelerated Death Benefit, all policy benefits based on the insured's life, except for any benefit for accidental death, will end. Any accidental death benefit on the life of the insured will continue in force for 12 months from the date of any payment under this rider. Any riders which provide insurance on the life of someone other than the insured will stay in effect pursuant to their terms as if the insured had died. No further premiums will be payable.

Rider: Acceleration of Death Benefits (Continued)

If you apply part of the Policy Benefit to your Accelerated Death Benefit, the policy will stay in force. We will make payment by applying coverages in the following order to the Accelerated Death Benefit; 1) any riders on the insured's life; 2) any insurance bought by dividends and 3) the policy Face Amount. Policy premiums, values and the face amount of insurance will be reduced appropriately.

General Provisions

Your right to Accelerated Death Benefits under this rider is subject to the following:

1. The policy must be in force other than as extended term insurance.
2. This rider is subject to the terms of the policy Incontestability provision.
3. This rider does not apply if the insured's terminal illness is the result of an attempt to commit suicide, while any policy suicide clause is in effect.
4. Any irrevocable beneficiary must consent in writing to the payment of an Accelerated Death Benefit under this rider. We may also require that the beneficiary, contingent beneficiary, assignee, or any other party in interest consent to our payment.
5. Your policy is not eligible for this benefit if: (a) you are required by law to use this rider to meet the claims of creditors, whether in bankruptcy or otherwise; or (b) you are required by a government agency to use this rider to apply for, obtain, or keep a government benefit or entitlement.
6. This rider may be reinstated subject to the same terms which apply to the policy.

How To Apply For This Benefit

You must: (1) apply for this option in writing; (2) send us the policy; and (3) provide proof satisfactory to us, including a statement signed by a physician, that the insured is terminally ill.

We have the right to have the insured examined at our expense by a physician we choose.

Payment of Accelerated Death Benefit

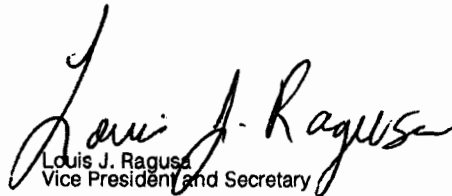
At our option, the Accelerated Death Benefit will be paid to you or will be placed in an interest bearing account to which you will have immediate access.

Rider Death Benefit

If the insured dies within 60 days of a payment made under this rider, on receipt of proof of death and a proper claim, we will pay the beneficiary the difference between the Policy Benefit and Accelerated Death Benefit.

Termination

1. You may cancel this rider if you ask us to do so in writing, and send us the policy.
2. This rider will end at the end of the grace period of the first unpaid premium for the policy.


Louis J. Ragusa
Vice President and Secretary

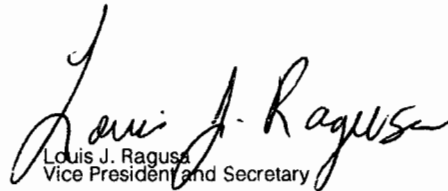
Metropolitan Life Insurance Company

ENDORSEMENT

This endorsement is a part of the policy to which it is attached.

You may cancel this policy at any time. In order to cancel the policy, we must receive the policy and a written request signed by you for payment of the policy's cash value or cash surrender value. The request must show the policy number and the name of the Insured(s). The request must be signed by any other owner, assignee, irrevocable beneficiary and any other person having a legal interest in the policy.

We may need other information before we pay you the policy's cash value or cash surrender value. For example, we may be required to ask you for federal and state income tax withholding information.


Louis J. Ragusa
Vice President and Secretary

7 CA

Part A - Application for Life Insurance

<input checked="" type="checkbox"/> Metropolitan Life Insurance Company The company checked off above is referred to as "the company"		<input type="checkbox"/> Security First Life Insurance Company	
1. Proposed Insured's Name: First, Middle, Last BANG C LIN			
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Date of Birth: 8/6/69		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
SS #: 055-68-4608		Ht: 5'8" Wt: 155	
2. State/Country of Birth: TAIWAN R.O.C.			
Has Proposed Insured lived in the U.S. less than 2 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, Visa/ID card type: _____			
Number: _____		Exp. Date: 1/1	
3. Owner/Contingent Owner			
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Business (Complete BUS) <input type="checkbox"/> Other			
(a) Owner if other than Proposed Insured (Full Name): JEAN HSIU LIN			
Relationship to Proposed Insured: SPOUSE		Date of Birth: 5/19/71	
SS # or Tax ID #: 128-64-5229			
(b) Contingent Owner (Full Name): _____			
Relationship to Proposed Insured: _____		Date of Birth: 1/1	
Social Security # or Tax ID #: _____ (See Supp Info - #1 for additional info)			
4. Beneficiary/Contingent Beneficiary			
(a) Revocable Beneficiary (Full Name): JEAN HSIU LIN			
Relationship: SPOUSE		Date of Birth: 5/19/71	
Revocable Beneficiary (Full Name): _____			
Relationship: _____		Date of Birth: 1/1	
(b) Revocable Contingent Beneficiary (Full Name): _____			
Relationship: _____		Date of Birth: 1/1	
(c) <input type="checkbox"/> Check here if all present and future children born of the marriage of Proposed Insured and current spouse are to be included as Contingent Beneficiaries (valid only if current spouse is named Beneficiary). Note: Multiple Beneficiaries will receive equal proceeds unless otherwise requested. (See Supp Info - #2 for additional info)			
5. Address			
(a) Current Mailing Address and Phone Numbers of the Proposed Insured, or Owner if Named above in #3			
Street: 7 GREEN HOLIDAY			
City/State/Zip: IRVINE CA 92620			
Home: (714) 734-9039		Office: (949) 956-2972	
Most convenient time/place to call: After 9:30 AM at office			
Owner's E-Mail Address: _____			
(b) Is mailing address different than residence of Proposed Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(c) How long has Proposed Insured lived at present address? 2 years Of less than 2 years and amount applied for is \$250,000 or more, see Supp Info - #3			
6. Existing Insurance			
(a) Does any person to be insured have existing insurance or annuities, including group, or coverage under a nonforfeiture option? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(b) Has coverage on any person to be insured been canceled, discontinued or changed in connection with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, to either question, provide details in Supp Info - #4)			
7. Current Employer of Proposed Insured			
(a) Employer Name: IAN MICRO			
Street: 1791 SKY PARK CIRCLE #H			
City/State/Zip: IRVINE CA 92614			
(b) Occupation: SALES MANAGER			
(c) Duties: _____			
(d) How long? 4 years (If less than 3 years and amount applied for is \$250,000 or more, see Supp Info - #5)			
(e) Actively at Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, go to details page 6)			
(f) Income (applicant only): \$50,000 (If amount applied for is \$250,000 or more, see Supp Info - #5)			
8. Driver's License			
(a) Driver's License # of person(s) to be insured			
Name: BANG C LIN		No. A964417 State CA	
Name: _____		No. _____ State _____	
(b) Has any person proposed for insurance had a driver's license suspended or revoked or been convicted of 3 or more moving violations in the last three years or ever been convicted of DUI or DWI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, go to details page 6)			
9. Within the past three years, has any person proposed for insurance flown in a plane other than as a passenger on a scheduled airline, or have plans for such activity within the next year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, complete Aviation Questionnaire)			
10. Has any person proposed for insurance engaged in or have plans to engage in Motor Sports, Scuba or Sky Diving, Mountain Climbing or any other hazardous sport or hobby? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, complete Avocation Questionnaire)			
11. Has any person proposed for insurance been outside the U.S. or Canada in the last 2 years, or have plans to be in the next 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, go to details page 6)			
12. Attending Physician of Proposed Insured			
(a) Physician's Name: DR. THOMAS FUANG			
Street: 4050 BARRANCA PKWY #200			
City/State/Zip: IRVINE CA 92714			
Phone: (949) 550-7700			
(b) Date of Last Consultation: 1/1996			
(c) Reason/Diagnosis/Treatment: Regular check up / normal			
(d) List any prescribed or over-the-counter medication which the Proposed Insured takes at regular intervals: NONE			
13. Tobacco Use:			
Indicate date Proposed Insured last smoked/used:			
cigarettes	<input checked="" type="checkbox"/> never	cigar	<input checked="" type="checkbox"/> never
pipe	<input checked="" type="checkbox"/> never	smokeless tobacco	<input checked="" type="checkbox"/> never

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Has a parent or sibling ever had heart or coronary artery disease, high blood pressure, cancer, diabetes or mental illness? ☐ Yes ☒ No

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Part A - Supplementary Information (If Juvenile, obtain information on Proposed Insured from Parent)

1. Owner/Contingent Owner

☐ Individual ☐ Trust ☐ Business or ☐ Partnership (Complete BUS) ☐ Other(a) ☐ Owner ☐ Contingent Owner

Relationship

DOB

SS #

☐ Owner ☐ Contingent Owner

Relationship

DOB

SS #

(b) ☐ Check if Proposed Insured is to be the Owner if predeceased by both the Owner and Contingent Owner (valid only if Proposed Insured is age 18 or over).

(c) If the Owner designated in Item 3 (Part A) is a Trust, complete the following and the Certification of Trust form:

a trustee(s) and his/her successors in Trust, of the

settlor/grantor.

Trust, executed / / by the trustee(s), and

2. Beneficiary/Contingent Beneficiary

(a) ☐ Beneficiary ☐ Contingent Beneficiary

Relationship

DOB

☐ Beneficiary ☐ Contingent Beneficiary

Relationship

DOB

(b) Address and telephone # of Beneficiary or Contingent Beneficiary if different than Item 5, page 2.

3. Previous Residence Addresses (If amount of insurance is \$250,000 or more or if residence address is different than mailing address of Proposed Insured.) Enter Proposed Insured's previous, or current (if different), Residence Addresses for last 3 years. Also give this information for others to be insured if different from Proposed Insured or if mailing address of others to be insured is different than their residence.

	Street and Number	City or Town	State and Zip Code	From Mo./Yr.	To Mo./Yr.
Proposed Insured	7 GREEN HOLLOW	IRVINE	CA 92602	6/97	6/97
Spouse or Applicant for AWD	11603 207H ST.	LAKEWOOD	CA 90603	6/97	6/97

4. Details of Insurance and Annuities

Show all companies (Met/SFL give #)

Amount

Plan

Bus. Ins.

Year of issue

Check

NONE

* Check the box in the column on the far right if in connection with this application for insurance, there has been or there are intentions to make changes to the insurance or annuities listed above. Changes include: full cash surrenders, partial withdrawals of dividends or any cash values, loans, pledging as collateral, reissuing with less cash value, suspension or reduction of premium, automatic premium loan or invoking an Accelerated Payment arrangement. If checked, and it is a life policy also complete the Replacement Questionnaire.

Total Accidental Death Benefit in force on each person - give names and amounts and indicate if business or personal.

5. Business Addresses (If amount of insurance is \$250,000 or more)

Enter Proposed Insured's previous Business addresses for last 3 years.

	Employer	Street and Number	City or Town	State and Zip Code	From Mo./Yr.	To Mo./Yr.
Proposed Insured	UNI MICRO	17921 SKY PARK CIRCLE	IRVINE	CA 92614	7/94	PRESENT
Spouse or Applicant for AWD						

6. Financial Information (If amount of insurance is \$250,000 or more)

☒ Statement of Proposed Insured(s)☐ Sales Representative's estimate

Annual Earned Income

Income from Other Sources

Personal Net Worth

Proposed Insured

(\$0.00)

(\$0.00)

Spouse or Applicant for AWD

Premiums will be paid by:

☒ Proposed Insured☐ Other - Name

Relationship to Proposed Insured

Estimated annual income of premium payer

(\$0.00)

↓

02322602007

First Name, Middle, Last Name	Sex	Relationship to Proposed Insured	DOB Mo/Day/Yr.	State/Country of Birth	Co. Use Enter Age	Ht Ft. Ins. Lbs.	Wt Lbs.	with all companies (including Mot and SFL)	SS #
			/ /						
			/ /						
			/ /						
			/ /						
			/ /						

2 Benefits (If available with the plan applied for)

- 8 Occupation of Spouse or Applicant for AWB

4 Tobacco Use

Indicate date Spouse or Applicant for AWB last smoked/used:

5. Attending Physician of Spouse or Applicant for AWB

(a) Name, Address & Phone Number

(d) List any prescribed or over-the-counter medication which any other person to be insured takes at regular intervals.

Name	Medication

(b) Date of Last Consultation. 11/2/81 Mo. Yr.

(c) Reason/Diagnosis/Treatment

Complete if Principal Proposed Insured is a Dependent Spouse or a Minor

6. If Principal Proposed Insured is a Dependent Spouse

(a) Name of Proposed Insured's Spouse SS# DOB Income
(b) Total amount of Life Insurance in force on Proposed Insured's Spouse \$
In which companies:
(c) Is separate application being concurrently submitted on Proposed Insured's Spouse? ☐ Yes ☐ No
If Yes, give details (Application#/case#)

7. If Dependent or Partly Dependent Minor, Including College Student

State total life insurance on other family members (See Rate Manual for insurance requirements on head of family):

	Amount		(Brothers/Sisters)	DOB	Amount	
	In Force	Applied for			In Force	Applied for
(Father)				/ /		
				/ /		
(Mother)				/ /		
				/ /		

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Details and Additional Information:

Information provided on this page will become a part of the policy and be considered by the Company in determining eligibility for insurance.

DECEMBER
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Additional Information

VAT form to follow



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Agreement, Authorization and Acknowledgment Form 6/10/99

☐ Metropolitan Life Insurance Company ☐ Security First Life Insurance Company

The company checked off above is referred to as "the Company."

Authorization for people Proposed to be Insured:

For underwriting and claim purposes about me or any children to be insured, I permit:

Any medical practitioner or facility, insurer, consumer reporting agency of the Medical Information Bureau, Inc. (MIB) to give the Company personal data. I specifically authorize the disclosure of medical data, including mental illness, genetic tests and history, sexually transmitted diseases, HIV, AIDS, or test results and permit the redisclosure of such data as stated in this form or as the law permits. Information about me may be used to determine the insurability of my family members.

The Company to get consumer, investigative consumer or motor vehicle reports.

Any employer, business associate, financial institution, or government unit to give the Company any data that they may have about the occupation, avocations, driving record, finances, character, reputation and aviation activities of myself or any children to be insured.

I understand that:

Medical records, including alcohol or drug abuse data, may be protected by Federal Regulations (42 CFR PART 2). I permit the Company to get any data and redisclose it as set forth on this form.

All or part of the data which the Company gets may be sent to MIB or be disclosed to and used by any Company reinsurer, employee affiliate or contractor who performs a business service on insurance I apply for or have with the Company. If insurance is declined or offered in a substandard class, the Company ☐ may, ☒ may not provide the data to a broker or insurer who may be able to make a better offer of insurance.

I may ask to be interviewed if an investigative consumer report is ordered. Please call me at (909) 255-7714 time after 9:00 AM.

My consent will end two years from the date on this form or sooner if prescribed by law. I may revoke my consent at any time.

Any action taken before revocation will be valid.

I have a right to get a copy of this form.

Agreement:

I have read this application including any supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

My statements are the basis of any policy issued.

No sales representative or other person except the Company's President, Secretary or Vice-President may a) make or change any contract of insurance; b) make a binding promise about insurance; or c) change or waive any term of an application, receipt or policy.

No information will be deemed to have been given to the Company unless it is stated in this application.

Any dividends will be used as stated in the policy unless I make another choice in item 17(g) of Part A that is permitted by the policy's terms. Except as stated in the Receipt and Temporary Insurance Agreement, no insurance will take effect until a policy is delivered to the owner and the full first premium due is paid. It will only take effect at the time it is delivered if a) the condition of health of each person to be insured is the same as stated in the application and b) no person to be insured has received any medical advice or treatment from a medical practitioner since the date of the application.

I have received the Company's Consumer Privacy Notice and the Life Insurance Buyer's Guide.

If I intend to replace existing insurance or annuities I have so indicated in item 4 of Part A - Supplementary Information.

Substitute W-9 Owner's Certification: ☐ I am, ☒ I am not subject to backup withholding under Section 3406(a)(1)(c) of the Internal Revenue Code. Under penalties of perjury, I certify that the social security number or tax ID number in item 1 or 3(a) of Part A is correct.

A photocopy of this form is as valid as the original form.

WITNESS (Licensed Resident Agent)	PLACE (City/State where signed)	Mo./Day/Yr.	SIGNATURE
<i>[Signature]</i>	Irvine, CA	5/21/99	(a) <i>[Signature]</i>
Witness to Signature in (a)			Proposed Insured (Age 15 or Over)

Agency/Dist. *ADD* FRN *818-5*

Witness to Signature in (b)		(b) <input checked="" type="checkbox"/>	Other Proposed Insured
<i>[Signature]</i>	Irvine, CA	5/21/99	(c) <input checked="" type="checkbox"/>
Witness to Signature in (c) or (d)			Owner (as named in item 3 of Part A)

If Owner is a firm or corporation, enter on line (c) full business name as it appears in item 3 of Part A and have a partner or officer (other than Proposed Insured) sign on line (d), and give title.

(d) <input checked="" type="checkbox"/>	Signature	Title

Complete Only for a Juvenile Policy. Also be sure to complete item 3 of Part A and have Owner sign in (c) above.

(e) <input checked="" type="checkbox"/>	Witness to Signature in (e)	Parent or Guardian (Juvenile Policy)

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U.S. NAUTY CA DETACH. *** ** F I L E C O P Y FOR MICROFILMING ***
 POLICY SPECIFICATIONS JUNE 10 1959
 DATE OF POLICY INSURED'S AGE AND SEX 28 MALE
 OWNER JEAN H LIN
 BENEFICIARY JEAN H LIN
 (SEE APPLICATION FOR CONTINGENT BENEFICIARY)
 POLICY CLASSIFICATION NONSMOKER PREFERRED
 INSURED BANG C LIN
 FACE AMOUNT OF INSURANCE \$500,000 993 001 878 PR-R..POLICY NUMBER
 PLAN LIFE PAID UP AT AGE 88 A78-1 818
 WITH
 DISABILITY WAIVER OF PREMIUMS BENEFIT
 ACCIDENTAL DEATH BENEFIT
 ACCELERATION OF DEATH BENEFIT RIDER
 VARIABLE ADDITIONAL INSURANCE DIVIDEND OPTION-RFF JUNE 10 1959

SEE THE FOLLOWING PAGE 3 (CONT'D) FOR THE PREMIUM SCHEDULE

198103818 *** ** F I L E C O P Y FOR MICROFILMING ***
 POLICY NUMBER 993 001 878 PR-R INSURED BANG C LIN
 PREMIUM SCHEDULE
 PREMIUMS ARE DUE ON DATE OF POLICY AND EVERY
 12 MONTH(S) AFTER THAT DATE

	PREMIUM	YEARS PAYABLE	CLASSIFICATION
LIFE INSURANCE	\$4,378.00	28	NS, RFD
DISABILITY WAIVER	108.94	28	
ACCIDENTAL DEATH	380.72	41	
TOTAL PREMIUM OF	\$4,842.06		

3 (CONT'D)

Notice

When you write to us, please give us your name, address and policy number. Please notify us promptly of any changes. We will write to you at your last known address.

Checks, drafts or money orders may be drawn to the order of Metropolitan Life (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Voting for Directors

Our Board of Directors is elected by the policyholders. For details on how to vote, write to our Secretary.

Metropolitan Life Insurance Company
200 Park Avenue
New York, New York 10166

Countersigned and Delivered _____ By _____

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We have intentionally left pages 2 and 10 blank.

Any riders for additional benefits follow page 12.

Life 98 Policy

Life insurance payable when the insured dies.

Premiums payable for a stated period.

Annual Dividends